PAGE 1 / 40

Image# 14961598091

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office Use Only	
NAME OF TO COMMITTEE (in full)	YPE OR PRINT ▼	Example: If over the lin	typing, type es.	12FE4M5		
Mississippi Conservative	es					
ADDRESS (number and street)	PO Box 2096					
Check if different						
than previously reported. (ACC)	Jackson			MS	39225	
2. FEC IDENTIFICATION NUM	IBER ▼	CITY 🛦		STATE A	ZIP CO	DE 🛦
C C00554774		3. IS THIS REPORT	NEW (N) <b>OR</b>	× AN (A)	IENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)		20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (M7)	Oct :	20 (M10)	Jan 31 (YE)
Quarterly Report (Q1)  July 15	(c) 12-Day	Primary	(12P)	General	(12G) ×	Runoff (12R)
Quarterly Report (Q2)	PRE-Election Report for the		tion (12C)	Special (	12S)	
October 15 Quarterly Report (Q3)		_				
January 31 Year-End Report (YE)	, E	election on 06	24	2014	in the State o	f MS
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Electi		(30G)	Runoff (3	80R)	Special (30S)
Termination Report (TER)	Report for the	Election on	/ D D /	Y . Y . Y . Y	in the State o	f -
5. Covering Period 05		014 throu	igh 06	04	2014	
I certify that I have examined this	Report and to the be	est of my knowledge	and belief it is tru	ue, correct and	d complete.	
Type or Print Name of Treasurer	Mr. Brian Perry					
Signature of Treasurer Mr. Brid	an Perry	[Electro	nically Filed]	Date 07	/ 15 /	2014
NOTE: Submission of false, erroneo	us or incomplete inform	mation may subject the	a narson signing #	his Renort to th	ne nenalties of 0 l	ISC 8437a
Office	as, or incomplete infor	nation may subject the	, heraour aigning n	Ins riepoit to th	•	
Use Only					FEC FOR Rev. 12/2	

## SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Mississippi Conservatives 05 2014 06 04 2014 Report Covering the Period: 15 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2014 (b) Cash on Hand at 132600.02 Beginning of Reporting Period..... 2162143.00 1280000.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 1412600.02 2162143.00 6(a) and 6(c) for Column B)..... 1324032.25 2073575.23 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 88567.77 88567.77 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

N	lis	sis	aia	ia	Conservatives
		,0,0,	אוט	ν.	

Areceipts  Ther than loans) From: Persons Other al Committees (use Schedule A)	COLUMN A Total This Period  865000.00  9.00  865000.00  0.00  415000.00  1280000.00  0.00  0.00	COLUMN B Calendar Year-to-Date  1490950.00 300.00 1491250.00 0.00 420693.0 1911943.00 0.00 250150.00
her than loans) From: Persons Other al Committees (use Schedule A)	865000.00  , 0.00  , 865000.00  , 0.00  415000.00  , 1280000.00  , 0.00  , 0.00	1490950.00 300.00 1491250.00 0.00 420693.0 1911943.00 0.00
Persons Other al Committees (use Schedule A)	9.00 865000.00 0.00 415000.00 1280000.00 0.00 0.00	300.00 1491250.00 0.00 420693.0 1911943.00 0.00
al Committees  (use Schedule A)	9.00 865000.00 0.00 415000.00 1280000.00 0.00 0.00	300.00 1491250.00 0.00 420693.0 1911943.00 0.00
(use Schedule A)	9.00 865000.00 0.00 415000.00 1280000.00 0.00 0.00	300.00 1491250.00 0.00 420693.0 1911943.00 0.00
ty Committees	865000.00  0.00  415000.00  1280000.00  0.00  0.00	1491250.00 0.00 420693.0 1911943.00 0.00
ty Committees	865000.00  0.00  415000.00  1280000.00  0.00  0.00	1491250.00 0.00 420693.0 1911943.00 0.00
ty Committees	0.00 415000.00 1280000.00 0.00	0.00 420693.0 1911943.00 0.00
ty Committees	0.00 415000.00 1280000.00 0.00	0.00 420693.0 1911943.00 0.00
ty Committees	1280000.00 0.00	420693.0 1911943.00 0.00
tal Committees  CS)	1280000.00 0.00	420693.0 1911943.00 0.00
acs)	1280000.00 0.00 0.00	1911943.00
outions (add Lines , and (c)) (Carry lee 33, page 5)  Affiliated/Other s	1280000.00 0.00 0.00	1911943.00
and (c)) (Carry  se 33, page 5)  Affiliated/Other  sed  ts Received  ating Expenditures	0.00	0.00
ne 33, page 5)	0.00	0.00
Affiliated/Other svedvedts Receivedts Received	0.00	0.00
redts Receivedating Expenditures	0.00	
ts Received	0.00	
ts Received		250150.00
ts Received		250150.00
ating Expenditures	0.00	
ating Expenditures		0.0
,,		
Line 37, page 5)	0.00	0.00
ributions Made	7	7
idates and Other		
ees	0.00	0.00
eceipts		
est, etc.)	0.00	50.00
lon-Federal and Levin Funds		
Account		
lule H3)	0.00	0.00
(from Schedule H5)	0.00	0.0
rs (add 18(a) and 18(b))	0.00	0.00
1	est, etc.)on-Federal and Levin Funds Account ule H3)	25t, etc.)

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

perating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	Total This Period  0.00  0.00  67125.10  67125.10  0.00  1036757.15  0.00	Calendar Year-to-Date  0.00  0.00  164384.61  164384.61  0.00  1659040.62
(ii) Non-Federal Share	0.00 67125.10 67125.10 0.00 0.00 1036757.15	0.00 164384.61 164384.61 0.00 0.00 1659040.62
(ii) Non-Federal Share	67125.10 67125.10 0.00 0.00 1036757.15	164384.61 164384.61 0.00 0.00 1659040.62
Other Federal Operating Expenditures  Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))  Consider to Affiliated/Other Party Committees	67125.10 67125.10 0.00 0.00 1036757.15	164384.61 164384.61 0.00 0.00 1659040.62
Expenditures  Total Operating Expenditures  (add 21(a)(i), (a)(ii), and (b))  ansfers to Affiliated/Other Party  mmittees  ontributions to deral Candidates/Committees d Other Political Committees dependent Expenditures see Schedule E)  oordinated Party Expenditures U.S.C. §441a(d)) see Schedule F)	0.00 0.00 0.00 1036757.15	164384.61 0.00 0.00 1659040.62
Total Operating Expenditures  (add 21(a)(i), (a)(ii), and (b))	0.00 0.00 0.00 1036757.15	164384.61 0.00 0.00 1659040.62
(add 21(a)(i), (a)(ii), and (b))	0.00 0.00 1036757.15	0.00
ansfers to Affiliated/Other Party committees	0.00 0.00 1036757.15	0.00
ommittees ontributions to ideral Candidates/Committees d Other Political Committees dependent Expenditures se Schedule E) ordinated Party Expenditures U.S.C. §441a(d)) se Schedule F)	0.00	0.00
ontributions to ideral Candidates/Committees d Other Political Committees dependent Expenditures se Schedule E) oordinated Party Expenditures U.S.C. §441a(d)) se Schedule F)	0.00	0.00
d Other Political Committeesdependent Expenditures se Schedule E) pordinated Party Expenditures U.S.C. §441a(d)) se Schedule F)	1036757.15	1659040.62
dependent Expenditures se Schedule E) bordinated Party Expenditures U.S.C. §441a(d)) se Schedule F)		1659040.62
se Schedule E) ordinated Party Expenditures U.S.C. §441a(d)) se Schedule F)		
oordinated Party Expenditures U.S.C. §441a(d)) se Schedule F)	0.00	
	0.00	
an Repayments Made	, , , , , , , , , , , , , , , , , , , ,	0.00
an Repayments Made		
, ,	220150.00	250150.00
	0.00	0.00
	0.00	0.00
Individuals/Persons Other	0.00	0.00
man Political Committees	0.00	7
Political Party Committees	0.00	0.00
	7 7	
(such as PACs)	0.00	0.00
		, , , , , , , , , , , , , , , , , , , ,
Total Contribution Refunds	0.00	
(add Lines 28(a), (b), and (c))▶	0.00	0.00
her Disbursements	0.00	0.00
deral Floation Activity (2.11.5.0, \$421(20))		
	0.00	0.00
·/		
(ii) "Levin" Share	0.00	0.00
Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
,	0.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
tal Diaburaamenta (add Lines 21/a) 22		
	1224022.25	2072575 20
, 27, 20, 21, 20(u), 28 and 30(c))	1324032.25	2073575.23
tal Federal Disbursements		
	1324032.25	2073575.23
	ans Made	ans Made

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN B Calendar Year-to-Date		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1280000.00	1911943.00	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1280000.00	1911943.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	67125.10	164384.61	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	67125.10	164384.61	

FOR LINE NUMBER: **PAGE** 6 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Mississippi Conservatives Full Name (Last, First, Middle Initial) Michael Bloomberg Date of Receipt Mailing Address 909 Third Avenue 2014 City State Zip Code Transaction ID: SA11AI.4426 NY New York 10022 Amount of Each Receipt this Period FEC ID number of contributing C 250000.00 federal political committee. Contribution Name of Employer Occupation Bloomberg Inc. Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 250000.00 Other (specify) Full Name (Last, First, Middle Initial) B. James Creekmore Date of Receipt Mailing Address 7 Cypress Lane 05 22 2014 City State Zip Code Transaction ID: SA11AI.4399 MS Jackson 39211 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Contribution Name of Employer Occupation Telapex Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 15000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Wade Creekmore Date of Receipt Mailing Address 1018 Highland Colony Parkway 2014 05 22 Suite 500 City State Zip Code Transaction ID: SA11AI.4400 MS Ridgeland 39157 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 С federal political committee. Contribution Name of Employer Occupation President Telapex Receipt For: Aggregate Year-to-Date ▼ Primary General 15000.00 Other (specify) 260000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

40

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Mississippi Conservatives Full Name (Last, First, Middle Initial) Crow Holdings Date of Receipt Mailing Address 3819 Maple Ave. 2014 27 City State Zip Code Transaction ID: SA11AI.4428 TX 75219 Dallas Amount of Each Receipt this Period FEC ID number of contributing C 25000.00 federal political committee. Contribution Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 25000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Howard Leach Date of Receipt Mailing Address 399 Park Avenue 06 02 2014 City State Zip Code Transaction ID: SA11AI.4401 NY New York 10022 Amount of Each Receipt this Period FEC ID number of contributing 25000.00 federal political committee. Contribution Name of Employer Occupation Leach Capital LLC President Receipt For: Aggregate Year-to-Date ▼ Primary General 50000.00 Other (specify) Full Name (Last, First, Middle Initial) c. John Nau Date of Receipt Mailing Address 7777 Washington Ave. 2014 05 27 City State Zip Code Transaction ID: SA11AI.4422 TX Houston 77007 Amount of Each Receipt this Period FEC ID number of contributing 100000.00 С federal political committee. Contribution Name of Employer Occupation President and C.E.O Silver Eagle Distributors, LP Receipt For: Aggregate Year-to-Date ▼ Primary General 100000.00 Other (specify) 150000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -9

FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

40

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Mississippi Conservatives Full Name (Last, First, Middle Initial) Hon. John Palmer Date of Receipt Mailing Address PO Box 3747 2014 02 City Zip Code State Transaction ID: SA11AI.4396 MS Jackson 39225 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Contribution Name of Employer Occupation Self-Employed Investor Receipt For: Aggregate Year-to-Date ▼ Primary General 15000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sean Parker Date of Receipt Mailing Address 40 W 10th St. 05 16 2014 City State Zip Code Transaction ID: SA11AI.4425 NY New York 10011 Amount of Each Receipt this Period FEC ID number of contributing 250000.00 federal political committee. Contribution Name of Employer Occupation Self-Employed Entrepreneur Receipt For: Aggregate Year-to-Date ▼ Primary General 250000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Joe Sanderson Date of Receipt Mailing Address PO Bo 988 2014 05 22 City Zip Code State Transaction ID: SA11AI.4398 MS Laurel 39441 Amount of Each Receipt this Period FEC ID number of contributing 100000.00 С federal political committee. Contribution Name of Employer Occupation Chairman and CEO Sanderson Farms Receipt For: Aggregate Year-to-Date ▼ Primary General 200000.00 Other (specify) 355000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 9

FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

40

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Mississippi Conservatives Full Name (Last, First, Middle Initial) Warren Stephens Date of Receipt Mailing Address 111 Center St 2014 28 City Zip Code State Transaction ID: SA11AI.4397 AR Little Rock 72203 Amount of Each Receipt this Period FEC ID number of contributing C 50000.00 federal political committee. Contribution Name of Employer Occupation Stephens Inc. President Receipt For: Aggregate Year-to-Date ▼ Primary General 75000.00 Other (specify) Full Name (Last, First, Middle Initial) B. WDL Holdings LLC Date of Receipt Mailing Address 589 Highland Colony Park Suite 120 05 16 2014 City State Zip Code Transaction ID: SA11AI.4433 MS Ridgeland 39157 Amount of Each Receipt this Period FEC ID number of contributing 50000.00 federal political committee. Contribution Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 50000.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 100000.00 SUBTOTAL of Receipts This Page (optional)..... 865000.00 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)	Γ	Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 OF 40
TEMIZED RECEIPTS		for each category of the	(check only one) 
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)			
Mississippi Conservatives			
Full Name (Last, First, Middle Initial)  A. AMERICAN CROSSROADS			Date of Receipt
Mailing Address P.O. BOX 34413			05 21 _ 2014 _
City	State	Zip Code	Transaction ID : SA11C.4430
WASHINGTON	DC	20043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C004	487363	120000.00
Name of Employer	Occupation		Contribution
Receipt For:	Aggregate \	/ear-to-Date ▼	
Primary General Other (specify) ▼		120000.00	
		12000.00	
Full Name (Last, First, Middle Initial)  AMERICAN CROSSROADS			Date of Receipt
Mailing Address P.O. BOX 34413			05 29 _2014 _
City	State	Zip Code	05 29 2014 Transaction ID : SA11C.4416
WASHINGTON	DC	20043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C004	487363	40000.00
Name of Employer	Occupation		Contribution
Receipt For:	Aggregate \	/ear-to-Date ▼	
Primary General Other (specify) ▼		160000.00	
Office (Specify)		, 10000,00	
Full Name (Last, First, Middle Initial)  BLUEGRASS COMMITTEE			Date of Receipt
Mailing Address 220 1/2 E ST., NE			05 27 2014
City	State DC	Zip Code	Transaction ID : SA11C.4414
WASHINGTON  EEC ID number of contributing		20002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C coo	235655	50000.00
Name of Employer	Occupation		Contribution
Receipt For:	Aggregate \	/ear-to-Date ▼	
Primary General Other (specify) ▼		50000.00	
Carior (opposity)		1	
SUBTOTAL of Receipts This Page (optional)		·····	210000.00
TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 OF 40 (check only one)
TEMIZED RECEIPTS	for each category of the Detailed Summary Page	11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and Staten or for commercial purposes, other than using the name		
Mississippi Conservatives		
Full Name (Last, First, Middle Initial)  MAIN STREET ADVOCACY  Mailing Address 1200 PENNSYLVANIA AVE NW		Date of Receipt
PO BOX 4096		05 27 2014
,	State Zip Code DC 20004	Transaction ID : SA11C.4413  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C90013004	100000.00
Name of Employer Oc	cupation	Contribution
Receipt For:  Primary  General  Other (specify) ▼	gregate Year-to-Date ▼ 100000.00	
Full Name (Last, First, Middle Initial)  PROMOTING OUR REPUBLICAN TEA	М РАС	Date of Receipt
Mailing Address 8331 LITTLE HARBOR DRIVE		05 30 2014
•	State Zip Code OH 45244	Transaction ID : SA11C.4417  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C00440032	25000.00
Name of Employer Oc	cupation	Contribution
Receipt For:  Primary General  Other (specify) ▼	gregate Year-to-Date ▼ 25000.00	
Full Name (Last, First, Middle Initial)  RELY ON YOUR BELIEFS FUND		Date of Receipt
Mailing Address 209 PENNSYLVANIA AVENUE, SI	E	05 27 2014
•	State Zip Code DC 20003	Transaction ID : SA11C.4412  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C00344648	5000.00  Contribution
	cupation	Contribution
Receipt For:  Primary General  Other (specify) ▼	gregate Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional)		130000.00
TOTAL This Period (last page this line number only)		

SCHEDULE A (FEC F	orm 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 OF 40 (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b X 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Fu Mississippi Conserva	•		
Full Name (Last, First, Middle I A. ROCK CITY PAC	nitial)		Date of Receipt
Mailing Address 1015 STONEE			06 02 2014
City FRANKLIN	State TN	Zip Code 37069	Transaction ID : SA11C.4418
FEC ID number of contributing federal political committee.		0436410	Amount of Each Receipt this Period  25000.00
Name of Employer	Occupation		Contribution
Receipt For:  Primary General Other (specify)		Year-to-Date ▼  25000.00	
Full Name (Last, First, Middle I B. TEXANS FOR A CONS		 {	Date of Receipt
Mailing Address PO BOX 817			05 28 2014
City	State TX	Zip Code	Transaction ID : SA11C.4415
AUSTIN  FEC ID number of contributing federal political committee.		78767 0542217	Amount of Each Receipt this Period  50000.00
Name of Employer	Occupation		Contribution
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 50000.00	]
Full Name (Last, First, Middle I	nitial)		Date of Receipt
Mailing Address			M = M / D = D / Y = Y = Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer	Occupation		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼	
SUBTOTAL of Receipts This Page	ge (optional)		75000.00
TOTAL This Period (last page thi			415000.00

SCHEDULE B (FEC Form 3X)	Llee es	poroto pobodula (=)	FOR LINE			PA	GE 1	I3 OF	40
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	(oricon oriny			0 <i>4</i>		25 -	
		Summary Page	X 21b 27	22 28a	23 28b	24 28c		25 29	30
Any information copied from such Reports and Stater	ments mav	not be sold or us							
or for commercial purposes, other than using the nan									
NAME OF COMMITTEE (In Full)									
Mississippi Conservatives									
Full Name (Last, First, Middle Initial)			-						
A. Capstone Public Affairs LLC				Date of	Disburse	ement			
——				M M	/ D		ΥΥ	YY	-
Mailing Address PO Box 2096				06		)2	201		
Oit.	Otat-	7:- O = 1							
City S Jackson	State MS	Zip Code 39225		Trans	action ID	: SB21B	.4392		
Purpose of Disbursement	1410	39223							
Social Media Buys			004	Amount	t of Each	Disburse	ment t	his Pe	riod
Candidate Name			Category/				_	0505	0
Mississippi Conservatives			Type		7			2500.0	U
9	ment For:								
	Primary	General							
President	Other (spe	ecity) 🔻							
Full Name (Last, First, Middle Initial)									
B. Capstone Public Affairs LLC				Date of	Disburse	ement			
Superiorie i abile / ilialis ELO				M = M	/ D		YY	YY	-
Mailing Address PO Box 2096				06		02	201		
	State MS	Zip Code		Trans	action ID	) : SB21B	.4393		
Jackson Purpose of Disbursement	IVIO	39225							
Political Strategy Consulting			001	Amount	t of Each	Disburse	ment t	his Pe	riod
Candidate Name			Category/				-	4500 -	
Mississippi Conservatives			Type		- 7			1500.0	υ
	ment For:								
	Primary	General							
State: District:	Other (spe	ecity) 🔻							
Full Name (Last, First, Middle Initial)									
C. Paradigm Government Relations				Date of	Disburse	ement			
- I aradigiti Governinetit ixelatiolis				M = M	/ D		Y	YY	-
Mailing Address 530 George St.				05		20	201		
,	State MS	Zip Code 39202		Trans	action ID	) : SB21B	.4317		
Jackson Purpose of Disbursement	IVIO	39202							
Canvassing / Get Out The Vote (GOTV)			001	Amount	t of Fach	Disburse	ment t	his Pe	riod
Candidate Name			Category/		. J. <u>L</u> uoii	550100			
Mississippi Conservatives			Type				2	5000.0	0
	ment For:								
Senate	Primary	General							
State: District:	Other (spe	ecity) 🔻							
State. District.									
SURTOTAL of Dishursements This Dage (entional)							29	9000.0	0
SUBTOTAL of Disbursements This Page (optional)				-	7		-	-	-
TOTAL This Period (last page this line number only)	)							46	

SCHEDULE B (FEC Form 3X)	Hoo consults as best of	, FOR LINE	
TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only X 21b 27	one)  22 23 24 25 22 28a 28b 28c 29 3
Any information copied from such Reports and Stater or for commercial purposes, other than using the name	nents may not be sold or une and address of any polit	sed by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Mississippi Conservatives			
Full Name (Last, First, Middle Initial)			
A. Paradigm Government Relations			Date of Disbursement
Mailing Address 530 George St.			05 30 2014
City	State Zip Code		Transaction ID : SB21B.4391
Jackson	MS 39202		Transaction ID . 3B2 IB.4331
Purpose of Disbursement Canvassing / Get Out The Vote		001	Amount of Each Disbursement this Period
Candidate Name Mississippi Conservatives		Category/	35000.00
Office Sought: House Disburser	nent For: 2014  Primary General  Other (specify)	Туре	
Full Name (Last, First, Middle Initial)			
3- Scott Howell & Company			Date of Disbursement
Mailing Address 3900 Willow St. Suite 200			05 22 2014
Dallas	State Zip Code TX 75226		Transaction ID : SB21B.4436
Purpose of Disbursement Shipping Fees		001	Amount of Each Disbursement this Period
Candidate Name		Category/	115.26
Mississippi Conservatives		Type	113.20
	nent For: 2014 Primary General Other (specify)		
Full Name (Last, First, Middle Initial)  Scott Howell & Company			Date of Disbursement
Mailing Address 3900 Willow St. Suite 200			05 28 2014
City S Dallas	State Zip Code TX 75226		Transaction ID : SB21B.4434
Purpose of Disbursement Shipping Cost		001	Amount of Each Disbursement this Period
Candidate Name		Category/	
Mississippi Conservatives		Type	30.00
Senate President	nent For: 2014  Primary General  Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)			35145.26
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:		PAGE	15 (	OF 40
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)				
-		Summary Page	X 21b	22	23	24	25	26
			27	28a	28b	28c	29	30b
Any information copied from such Reports and State or for commercial purposes, other than using the na								
\	ine and add	less of any point	car committee to	Solicit Col	illibulions in	JIII SUCII (	JOHIIIIII	.ee.
NAME OF COMMITTEE (In Full)								
Mississippi Conservatives								
Full Name (Last, First, Middle Initial)								
A. Susan Smith				Date of	Disburseme	∍nt		
				M = M	/ D D		ΥΥΥ	Υ
Mailing Address 210 E Capitol St.				05	20	نا ا	2014	
Ste. 1262 City	State	Zip Code						
Jackson	MS	39201		Trans	action ID : S	B21B.438	33	
Purpose of Disbursement								
GOtV Expenses			001	Amount	of Each Dis	sbursemer	nt this f	Period
Candidate Name			Category/				500	0.00
Mississippi Conservatives			Туре		7		300	,.00
Office Sought: House Disburse Senate	ement For: :	2014 General						
President	Other (spe							
State: District:	Other (spe	City) \						
Full Name (Last, First, Middle Initial)								
B. Trustmark Bank				Date of	Disburseme	ent		
				M M	/ D D	/ Y	YY	Υ
Mailing Address 190 E Capitol St.				05	15	نے ا	2014	
011	<u> </u>							
City Jackson	State MS	Zip Code 39201		Trans	action ID : S	B21B.43	72	
Purpose of Disbursement		00201						
Incoming Wire Transfer Fee			001	Amount	of Each Dis	sburseme	nt this [	Period
Candidate Name			Category/				46	- 00
Mississippi Conservatives			Type		7	7	10	5.00
	ement For:							
Senate President	Primary	General						
State: District:	Other (spe	city) $\blacktriangledown$						
Full Name (Last, First, Middle Initial)								
C. Trustmark Bank				Date of	Disburseme	ent		
Traditiant Bank				M M	/ D D	/ Y	YY	Υ
Mailing Address 190 E Capitol St.				05	15		2014	
011	0	7: 0 1						
City Jackson	State MS	Zip Code 39201		Trans	action ID : S	B21B.48	42	
Purpose of Disbursement		00201						
Incoming Wire Transfer Fee			001	Amount	of Each Dis	sburseme	nt this I	Period
Candidate Name			Category/				45	- 00
Mississippi Conservatives			Type				-15	5.00
	ement For:							
Senate President	Primary	General						
State: District:	Other (spe	Ciry) ▼						
Side. Biodiot.								
SUBTOTAL of Disbursements This Page (optional)			k				500	.00
(optional)				-	1		$\Rightarrow$	#
TOTAL This Period (last page this line number only	y)			L .				1

SCHEDULE B (FEC Form 3X)	Use sen	arate schedule(s)	FOR LINE			PAGI	= 16 (	OF 40
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 27	one) 22 28a	23 28b	24 28c	25 29	3
Any information copied from such Reports and Statem or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)  Mississippi Conservatives						2 34511		
Full Name (Last, First, Middle Initial)								
<sup>A.</sup> Trustmark Bank					Disburse			_
Mailing Address 190 E Capitol St.				05	/ D	6	2014	Y
,	State	Zip Code		Trans	action ID	: SB21B.43	276	
Jackson Purpose of Disbursement	MS	39201		mans	action ib	. 00210.40	,,,,	
Wire Transfer Fee			001	Amount	of Each	Disburseme	ent this I	Period
Candidate Name			Category/				200	2.00
Mississippi Conservatives			Type		- 7		20	0.00
President	nent For: Primary Other (spe	General						
State: District:								
Full Name (Last, First, Middle Initial)  B. Trustmark Bank					Disburse			
Mailing Address 190 E Capitol St.				05	/ D	16 / Y	2014	Y
Jackson	State MS	Zip Code 39201		Trans	action ID	: SB21B.48	343	
Purpose of Disbursement Wire Transfer Fee			001	Amount	of Each	Disburseme	ent this I	Period
Candidate Name			Category/		-			
Mississippi Conservatives			Type		-,		-20	0.00
	nent For: Primary Other (spe	General						
Full Name (Last, First, Middle Initial) C. Trustmark Bank					Disburse			
Mailing Address 190 E Capitol St.				05	/ D	9	2014	Y
Jackson	State MS	Zip Code 39201		Trans	action ID	: SB21B.43	373	
Purpose of Disbursement Incoming Wire Transfer Fee Candidate Name			001	Amount	of Each	Disburseme	ent this I	Period
Mississippi Conservatives			Category/ Type				15	5.00
Office Sought: House Disbursem	nent For: Primary Other (spe	General	Турс			7		
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).				F		7	15	5.00

SCHEDULE B (FEC Form 3X)	Use separate schedul	schedule(s) FOR LINE NUMBER:		PAGE 17 OF 40
ITEMIZED DISBURSEMENTS	for each category of t Detailed Summary Pa	the Collection	y one) 22 23 23 28a 28b	24 25 29 3
Any information copied from such Reports and Staten or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)  Mississippi Conservatives	and and any p	33	22	
Full Name (Last, First, Middle Initial)				
<sup>A.</sup> Trustmark Bank			Date of Disbursem	
Mailing Address 190 E Capitol St.			05 19	
,	State Zip Code		Transaction ID :	SB21B.4844
Jackson Purpose of Disbursement	MS 39201			IVIT
Incoming Wire Transfer Fee		001	Amount of Each D	Disbursement this Period
Candidate Name		Category/		15.00
Mississippi Conservatives	and For Table	Туре		-15.00
Senate President	ment For: 2014 Primary Gener Other (specify) ▼	ral		
State: District:				
Full Name (Last, First, Middle Initial)  B. Trustmark Bank			Date of Disbursem	
Mailing Address 190 E Capitol St.			05 20	
Jackson	State Zip Code MS 39201		Transaction ID :	SB21B.4377
Purpose of Disbursement Wire Transfer Fee		001	Amount of Each D	Disbursement this Period
Candidate Name		Category/		
Mississippi Conservatives		Type	,	20.00
	ment For: 2014 Primary Gener Other (specify) ▼	ral		
Full Name (Last, First, Middle Initial)  C. Trustmark Bank			Date of Disbursem	
Mailing Address 190 E Capitol St.			05 20	
Jackson	State Zip Code MS 39201		Transaction ID :	SB21B.4845
Purpose of Disbursement Wire Transfer Fee		001	Amount of Each D	Disbursement this Period
Candidate Name Mississippi Conservatives		Category/ Type		-20.00
Office Sought: House Disburser	ment For: 2014 Primary Gener Other (specify) ▼			
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)				-15.00

SCHEDULE B (FEC Form 3X)	Hen si	marata ada salula (-)		IE NUMBER	R:		PAGE	18	OF 40
ITEMIZED DISBURSEMENTS	for eac	parate schedule(s) h category of the d Summary Page	X 21	b 22	23		24	25	2
Any information copied from such Reports and State	mente mo	v not be sold or w	ed by any ne				28c	29	ations
or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
Mississippi Conservatives									
Full Name (Last, First, Middle Initial)									
A. Trustmark Bank				Date	of Disbu	rseme		Y	V
Mailing Address 190 E Capitol St.				05		21		2014	
City	State	Zip Code		Tran	saction	ID : S	B21B.438	B1	
Jackson	MS	39201					5215110		
Purpose of Disbursement Wire Transfer Fee			001	Amou	nt of Ea	ch Dis	burseme	nt this	Period
Candidate Name			Category/	, I L.					2.00
Mississippi Conservatives			Type				7	20	0.00
Senate President	ement For: Primary Other (sp	General							
State: District:									
Full Name (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)				Date	of Disbu	rseme	nt		
Mailing Address 190 E Capitol St.				05		22		2014	Y
Mailing Address 190 E Capitol St.				0.5		22		2014	
City	State	Zip Code		Trai	nsaction	ID : S	B21B.43	78	
Jackson Purpose of Disbursement	MS	39201							
Wire Transfer Fee			001	Amou	nt of Ea	ch Dis	burseme	nt this	Period
Candidate Name			Category/	1				20	0.00
Mississippi Conservatives			Type		- 7	-	7	21	0.00
	Primary Other (sp	General							
Full Name (Last, First, Middle Initial)									
C. Trustmark Bank					of Disbu				
Mailing Address 190 E Capitol St.				05		22		2014	Y
City	State	Zip Code		_					
Jackson	MS	39201		Tran	nsaction	ID : S	B21B.43	79	
Purpose of Disbursement Wire Transfer Fee									
Vilre Transfer Fee  Candidate Name			001	Amou	nt of Ea	ch Dis	burseme	nt this	Period
Mississippi Conservatives			Category/ Type				- "	20	0.00
• •	ement For: Primary Other (sp	General	71:-				7		
State: District:	-								
SUBTOTAL of Disbursements This Page (optional).			·····•		1 7	-	7	60	0.00
TOTAL This Period (last page this line number only	/)						,		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	schedule(s) FOR LINE NUMBER:		PAGE 19 OF 40
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	√ 21h	one) 22 23 28b	24 25 26 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)  Mississippi Conservatives	is and addition of any poin			
Full Name (Last, First, Middle Initial)				
A. Trustmark Bank			Date of Disbursem	
Mailing Address 190 E Capitol St.			05 22	2014
,	State Zip Code		Transaction ID :	SB21B 4380
Jackson Purpose of Disbursement	MS 39201		Transaction 12 .	0221211000
Incoming Wire Transfer Fee		001	Amount of Each D	isbursement this Period
Candidate Name		Category/		45.00
Mississippi Conservatives		Type		15.00
Senate President	nent For: 2014  Primary General  Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial)  B. Trustmark Bank			Date of Disbursem	
Mailing Address 190 E Capitol St.			05 22	2014
Jackson	State Zip Code MS 39201		Transaction ID :	SB21B.4846
Purpose of Disbursement Wire Transfer Fee		001	Amount of Each D	isbursement this Period
Candidate Name		Category/		
Mississippi Conservatives		Type		-20.00
Senate	nent For: 2014 Primary General Other (specify)			
Full Name (Last, First, Middle Initial) C. Trustmark Bank			Date of Disbursem	_
Mailing Address 190 E Capitol St.			05 22	2014
Jackson	State Zip Code MS 39201		Transaction ID :	SB21B.4847
Purpose of Disbursement Wire Transfer Fee		001	Amount of Each D	isbursement this Period
Candidate Name Mississippi Conservatives		Category/ Type		-20.00
Office Sought: House Disbursem	nent For: 2014  Primary General  Other (specify)	Турс		
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).				-25.00

SCHEDULE B (FEC Form 3X)	lloc core	roto pobodulo/=\		NUMBER	1:	PAGE 20	OF 4
ITEMIZED DISBURSEMENTS	for each of	rate schedule(s) category of the Summary Page	y of the S 21h 22 25		23	24 29	5 2
	Detailed S	Julillaly Fage	27	28a	28b	28c 29	9 3
Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
Mississippi Conservatives							
Full Name (Last, First, Middle Initial)							
A. Trustmark Bank				Date of	of Disburs		Y
Mailing Address 190 E Capitol St.				05		22 2014	
City	State	Zip Code		Tran	saction ID	) : SB21B.4853	
Jackson Purpose of Disbursement	MS	39201					
Incoming Wire Transfer Fee			001	Amour	nt of Each	Disbursement th	is Period
Candidate Name			Category/				-15.00
Mississippi Conservatives  Office Sought: House Disburse	ement For: 2	01.4	Туре	-	7		
Senate President	Primary Other (spec	General					
State: District:							
Full Name (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)				Date o	of Disburs	ement	
- Hustillark Dalik				M = N	_		Y
Mailing Address 190 E Capitol St.				05		27 2014	
City	State	Zip Code		Tran	saction II	) : SB21B.4375	
Jackson Purpose of Disbursement	MS	39201		_			
Wire Transfer Fee			001	Amour	nt of Each	Disbursement th	is Period
Candidate Name			Category/				20.00
Mississippi Conservatives			Туре		7	7	20.00
	ement For: 2 Primary Other (spec	General					
State: District:							
Full Name (Last, First, Middle Initial)  C. Trustmark Bank					of Disburs		
Mailing Address 190 E Capitol St.				05		27 2014	
City	State	Zip Code		<b>-</b>	<b>! !F</b>	00040 4040	
Jackson	MS	39201		Iran	Saction IL	D : SB21B.4848	
Purpose of Disbursement Wire Transfer Fee			201				
Candidate Name			001	Amour	nt of Each	Disbursement th	is Period
Mississippi Conservatives			Category/ Type	11.			-20.00
• •	ement For: 20 Primary Other (spec	General	) i ·		7		A
State: District:							
SUBTOTAL of Disbursements This Page (optional).			·····	Ţ.	-		-15.00
TOTAL This Period (last page this line number only	y)						

## ľ

S	SCHEDULE B (FEC Form 3X)  FOR LINE NUMBER:						
IT	EMIZED DISBURSEMENTS		parate schedule(s) a category of the	(check or	nly one)		
			Summary Page	X 21		23	24 25 26 28c 29 30b
_					28a	28b	
	ny information copied from such Reports and Statem for commercial purposes, other than using the name						
	NAME OF COMMITTEE (In Full)						
$ \rangle$	Mississippi Conservatives						
_	Full Name (Last, First, Middle Initial)						
Α.	Trustmark Bank				Date	of Disburs	ement
	Mailing Address 190 E Capitol St.				05	2	28 2014
	City	State	Zip Code		Tran	saction IF	D : SB21B.4384
	Jackson	MS	39201			Saction is	7. 00210.4004
	Purpose of Disbursement Wire Transfer Fee			001	Amou	nt of Each	Disbursement this Period
	Candidate Name			Category/			20.00
	Mississippi Conservatives			Туре			20.00
		nent For: Primary Other (sp	General				
	State: District:						
В.	Full Name (Last, First, Middle Initial)  Trustmark Bank				Date	of Disburs	ement
					M = 1	/ / D	D / Y Y Y Y
	Mailing Address 190 E Capitol St.				05		2014
	•	State MS	Zip Code 39201		Trar	saction II	D : SB21B.4388
	Purpose of Disbursement Wire Transfer Fee			001	Amou	nt of Each	Disbursement this Period
	Candidate Name			Category/			
	Mississippi Conservatives			Type		,	20.00
		nent For: Primary Other (spe	General				
_	Full Name (Last, First, Middle Initial)						
C.	Trustmark Bank				Date	of Disburs	ement
	Mailing Address 190 E Capitol St.				05		2014
	•	State MS	Zip Code 39201		Tran	saction IE	D : SB21B.4849
	Purpose of Disbursement		33201		$\dashv$		
	Wire Transfer Fee			001	Amou	nt of Each	Disbursement this Period
	Candidate Name	,		Category/			22.22
	Mississippi Conservatives			Type			-20.00
	Office Sought: House Disbursen						
		Primary	General				
	State: District:	Other (sp	ecity) 🔻				
_	Otato. District.						
s	SUBTOTAL of Disbursements This Page (optional)			······	Ę	- 7	20.00
т	OTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3X)	Use separate schedul	schedule(s) FOR LINE NUMBER:		PAGE 22 OF 40
ITEMIZED DISBURSEMENTS	for each category of t Detailed Summary Pa	he Concor only	7 one) 22 23 28a 28b	24 25 29 3
Any information copied from such Reports and Staten or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)  Mississippi Conservatives	and and any p		22	
Full Name (Last, First, Middle Initial)				
<sup>A.</sup> Trustmark Bank			Date of Disbursem	_
Mailing Address 190 E Capitol St.			05 28	2014
,	State Zip Code		Transaction ID :	SR21R 4850
Jackson Purpose of Disbursement	MS 39201		Transaction ib .	OD21D.4000
Wire Transfer Fee		001	Amount of Each D	isbursement this Period
Candidate Name		Category/		20.00
Mississippi Conservatives		Type		-20.00
Senate President	ment For: 2014 Primary Gener Other (specify) ▼	al		
State: District:				
Full Name (Last, First, Middle Initial)  B. Trustmark Bank			Date of Disbursem	
Mailing Address 190 E Capitol St.			05 30	2014
Jackson	State Zip Code MS 39201		Transaction ID :	SB21B.4385
Purpose of Disbursement Wire Transfer Fee		001	Amount of Each D	isbursement this Period
Candidate Name		Category/		
Mississippi Conservatives		Type		20.00
	ment For: 2014 Primary Gener Other (specify) ▼	al		
Full Name (Last, First, Middle Initial)  C. Trustmark Bank			Date of Disbursem	_
Mailing Address 190 E Capitol St.			05 30	2014
Jackson	State Zip Code MS 39201		Transaction ID :	SB21B.4386
Purpose of Disbursement Wire Transfer Fee		001	Amount of Each D	isbursement this Period
Candidate Name Mississippi Conservatives		Category/ Type		20.00
Office Sought: House Disbursen	nent For: 2014  Primary Gener  Other (specify)			
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)				20.00

SCHEDULE B (FEC Form 3X)	Y I I FUD LINE NUMBED.		PAGE 23 OF 40	
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	nedule(s) (check only one)		
	Detailed Summary Page		22	23 24 25 26 28b 28c 29 30b
	<u> </u>		28a	
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
Mississippi Conservatives				
Full Name (Last, First, Middle Initial)				
A. Trustmark Bank			Date of Dis	bursement / Y Y Y Y Y
Mailing Address 190 E Capitol St.			05	30 2014
City	State Zip Code		Transacti	on ID : SB21B.4387
Jackson	MS 39201		Hansacu	UII ID . 3B21B.4307
Purpose of Disbursement Banking Fees		001	Amount of	Each Disbursement this Period
Candidate Name		Category/		375.00
Mississippi Conservatives		Type		373.00
Office Sought: House Disburse Senate President	ement For: 2014 Primary General Other (specify)			
State: District:	_			
Full Name (Last, First, Middle Initial)				
B. Trustmark Bank			Date of Dis	bursement
Mailing Address 190 E Capitol St.			05	30 2014
City	State Zip Code		Transacti	on ID : SB21B.4449
Jackson Purpose of Disbursement	MS 39201			
Interest Payment on Loan		001	Amount of	Each Disbursement this Period
Candidate Name		Category/		2084.84
Mississippi Conservatives	. =	Type		2004.04
	ement For: 2014 Primary General Other (specify)			
Full Name (Last, First, Middle Initial)				
C. Trustmark Bank			Date of Dis	
Mailing Address 190 E Capitol St.			05	30 / 2014
City	State Zip Code			
Jackson	MS 39201		Transacti	on ID : SB21B.4851
Purpose of Disbursement				
Wire Transfer Fee		001	Amount of	Each Disbursement this Period
Candidate Name		Category/		-20.00
Mississippi Conservatives		Type		20.00
Office Sought: House Disburse Senate	ement For: 2014 Primary General			
President	Primary General Other (specify)			
State: District:	_ Calor (opcorry) \			
SUBTOTAL of Disbursements This Page (optional)		·····•		2439.84
TOTAL This Period (last page this line number onl	y)			

## ľ

SCHEDULE B (FEC Form 3X)			PAGE 24 OF 40	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)		
	Detailed Summary Page	X 21b	22 23 28a 28	
Any information conicd from such Departs and City	onto mou not les estat en co			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
Mississippi Conservatives				
Full Name (Last, First, Middle Initial)			Data of Distance	
A. Trustmark Bank			Date of Disbur	rsement
Mailing Address 190 E Capitol St.			05	30 2014
,	tate Zip Code		Transaction	ID : SB21B.4852
0.00.000.1	MS 39201		Transaction	ID . 3D21B.4032
Purpose of Disbursement Wire Transfer Fee		001	Amount of Eac	ch Disbursement this Period
Candidate Name		Category/		-20.00
Mississippi Conservatives		Туре	7	-20.00
Senate	nent For: 2014  Primary General  Other (specify)			
State: District:	outer (opeony)			
Full Name (Last, First, Middle Initial)				
3.			Date of Disbur	rsement
			M = M / D	/ Y Y Y Y Y Y
Mailing Address				
City	tate Zip Code			
Purpose of Disbursement			Amount of For	oh Dishuraamant this Daviad
Candidate Name			Amount of Eac	ch Disbursement this Period
		Category/ Type		
Office Sought: House Disbursem	ent For:			
	Primary General			
	Other (specify) ▼			
State: District:  Full Name (Last, First, Middle Initial)				
<b>).</b>			Date of Disbur	rsement
Mailing Address			M M / D	D / Y Y Y Y
City	tate Zip Code			
Purpose of Disbursement	· 			
			Amount of Fac	ch Disbursement this Period
Candidate Name		Category/ Type	Amount of Euc	ST Proparagement this 1 ched
Office Sought: House Disburser				,
	Primary General			
	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)				-20.00
GODICIAL OF DISDUISEMENTS THIS Page (optional)		<u> </u>	7	
TOTAL This Period (last page this line number only).				67125.10

SCHEDULE B (FEC Form 3X)	Llos conorate cabadula/a\	FOR LINE NUMBER:		PAGE 25 OF 40
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	ule(s) (check only one)		
	Detailed Summary Page	21b 27	22 23 28a 28b	24 25 X 26 28c 29 30k
Any information copied from such Reports and Staten or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
Mississippi Conservatives				
Full Name (Last, First, Middle Initial)			Data of Diahama	
A. Trustmark Bank			Date of Disburs	ement
Mailing Address 190 E Capitol St.				2014
City	State Zip Code		Transaction II	D · SR26 4420
Jackson Purpose of Disbursement	MS 39201		Transaction ii	J . 3B20.4429
Loan Payment		009	Amount of Each	Disbursement this Period
Candidate Name		Category/		220150.00
Mississippi Conservatives  Office Sought: House Disbursen	nent For: 2014	Туре		
Senate President	Primary General  Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disburs	sement
Mailing Address			M = M / D	D / Y = Y = Y
Maining / Marcoo				
City	State Zip Code			
Purpose of Disbursement			Amount of Each	n Disbursement this Period
Candidate Name		Category/	Amount of Each	1 Disbursement this 1 chou
		Туре		
	nent For: Primary General Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)  C.			Date of Disburs	sement
Mailing Address			M M / D	D / Y   Y   Y   Y
City	State Zip Code			
Purpose of Disbursement				
Candidate Name		Category/ Type		n Disbursement this Period
Office Sought:  Senate President  State:  Disbursen	nent For: Primary General Other (specify)	711 -		
				220450.00
SUBTOTAL of Disbursements This Page (optional)		·····•		220150.00
TOTAL This Period (last page this line number only)				220150.00

## SCHEDULE C (FEC Form 3X)

Use separate schedule for each category of the Detailed Summary Par

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X

		Botanoa Garrinary 1	-90
AME OF COMMITTEE (In Full)		Tr	ransaction ID : SC/10.4227
lississippi Conservatives			
LOAN SOURCE Full Name (Last, First,	Middle Initial)		Election:
Trustmark Bank	, iviluale iritial)		Primary
			General
Mailing Address 190 E Capitol St.			Other (specify) ▼
100 E 00p.10. 0.1			
City Jackson	State MS ZIP C	ode 39201	
Original Amount of Loan	Cumulative Payment T	o Date B	Balance Outstanding at Close of This Period
250150.00		250150.00	0.00
250150.00		200.00.00	0.00
TERMS	Data Duu	Internat F	
Date Incurred	Date Due		
01 29 2014	M - M / J J	06/03/14	2.86 % (apr) Yes No
	· · · · ·		7.5 (4.7)
List All Endorsers or Guarantors (if an		1 Townson	
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
Walling Addition		Cocupation	
		Amount	
City State	e ZIP Code	Guaranteed	
		Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
A 11			
Mailing Address		Occupation	
		Amount	
City State	e ZIP Code	Guaranteed	
2,	•	Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed	
City State	e ZIF Coue	Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
(=====,			
Mailing Address		Occupation	
		Amount	
City State	e ZIP Code	Guaranteed Outstanding:	
		Outstanding.	
			0.00
JBTOTALS This Period This Page (option	nal)	<u></u>	0.00
TALS This Period (last page in this line	only)	. [	0.00
OTALS This Period (last page in this line	only)		
arry outstanding balance only to LINE 3,	Schedule D, for this line. I	If no Schedule D, carry f	orward to appropriate line of Summary.
	•		• • • •

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	27	OF	40
FOR L	INE 24	OF FO	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Mississippi Conservatives	C C00554774
Check if 24-hour report 48-hour report New report Amends	s report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
American Media & Advocacy Group  Mailing Address  945 States Lane	05 30 7 2014
815 Slaters Lane	Amount
City State Zip Code	10968.00
Alexandria VA 22314	Transaction ID : SE.4365  Date of Disbursement or Obligation
Purpose of Expenditure Radio Ad Buy  Category/ Type	004 05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Supp	ort Office Sought: House District:
Mr. Christopher Brian McDaniel Oppo	
Calendar Year-To-Date Per Election for Office Sought 1655008.62	Disbursement For:  Primary General 2014 Other (specify) ▶
Full Name of Payee American Media & Advocacy Group	Date of Public Distribution/Dissemination  05  05  05  05
Mailing Address 815 Slaters Lane	Amount
City State Zip Code	3000.00
Alexandria VA 22314	Transaction ID : SE.4366  Date of Disbursement or Obligation
Purpose of Expenditure Pandora Digital Buy  Category/ Type	004 05 / 30 / 2014
Name of Federal Candidate Supp	oort Office Sought: House District:
Mr. Christopher Brian McDaniel Oppo	
Calendar Year-To-Date Per Election for Office Sought 1658008.62	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	13968.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or ac party committee) any political party committee or its agent.	
Mr. Brian Perry [Electronically Filed]	Date 07 15 2014
Signature	

party committee) any political party committee or its agent.

Mr. Brian Perry

Signature

	BHEDULE E (FEC Form 3X	7			
	MIZED INDEPENDENT EXPENDE	-		F	PAGE 28 OF 40
				F	FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
IV	lississippi Conservatives			C co	00554774
Ch	eck if 24-hour report 48-hour re	eport New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
	Full Name of Payee American Media & Advocacy Gro	oup		Date of Public I	Distribution/Dissemination
	Mailing Address 815 Slaters Lane			Amount	2011
	City	State	Zip Code		-10968.00
	Alexandria	VA	22314	Transaction ID :  Date of Disburs	
	Purpose of Expenditure Radio Ad Buy		Category/ Type 004	05	30 / 2014
	Name of Federal Candidate		Support	Office Sought:	House District:
	Mr. Christopher Brian McDaniel		X Oppose	President X	Senate State: MS
	Calendar Year-To-Date Per Election for Office Sought		1662040.62	Disbursement For: 2014 Other (spec	Y Primary General Cify) ►
	Full Name of Payee American Media & Advocacy	Group		Date of Public	Distribution/Dissemination  30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 815 Slaters Lane			Amount	
	City	State	Zip Code		-3000.00
	Alexandria	VA	22314	Transaction ID : Date of Disburs	: SE.4841 sement or Obligation
	Purpose of Expenditure Pandora Digital Buy		Category/ Type 004	05 /	30 / 2014
	Name of Federal Candidate		Support	Office Sought:	House District:
	Mr. Christopher Brian McDaniel		X Oppose	President X	
	Calendar Year-To-Date Per Election for Office Sought		1659040.62	Disbursement For: 2014 Other (spec	Yerimary General General
	(a) SUBTOTAL of Itemized Independent E	xpenditures		<b>&gt;</b>	-13968.00
	(b) SUBTOTAL of Unitemized Independen	t Expenditures		<b>•</b>	
	(c) TOTAL Independent Expenditures			<b>)</b>	7 7
	Under penalty of perjury I certify that the	independent expenditures	reported herein were	not made in cooperatio	n, consultation, or concert

with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political

[Electronically Filed]

Date

15

### S IT

CHEDULE E (FEC Form 3X)		
EMIZED INDEPENDENT EXPENDITURES		PAGE 29 OF 40 FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Full)		
Mississippi Conservatives		FEC IDENTIFICATION NUMBER ▼
		C C00554774
Check if 24-hour report 48-hour report New	v report Amends repo	rt filed on
Full Name of Payee Scott Howell & Company		Date of Public Distribution/Dissemination
		05 / 20 / 2014
Mailing Address 3900 Willow St.		Amount
Suite 200		200000
City State  Dallas TX	Zip Code	329620.00
3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	75226	Transaction ID : SE.4278  Date of Disbursement or Obligation
Purpose of Expenditure TV ad buy	Category/ Type 004	05
Name of Federal Candidate	Support	Office Sought: House District:
Mr. Christopher Brian McDaniel	Oppose	President X Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	951903.47	Disbursement For: X Primary General 2014 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Scott Howell & Company		05 20 2014
Mailing Address 3900 Willow St.		
Suite 200		Amount
City State	Zip Code	49986.00
Dallas TX	75226	Transaction ID : SE.4279  Date of Disbursement or Obligation
Purpose of Expenditure Radio ad buy	Category/ 004	05 16 / Y Y Y Y Y Y
radio da bay	Type 004	05 10 2014
Name of Federal Candidate	Support	Office Sought: House District:
Mr. Christopher Brian McDaniel	X Oppose	President X Senate State: MS
Calendar Year-To-Date	* 1	Disbursement For:  Primary General
Per Election for Office Sought	1001889.47	2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		379606.00
(b) SUBTOTAL of Unitemized Independent Expenditures		·
(c) TOTAL Independent Expenditures		•
Lindar papalty of parity Laaviity that the independent	turns reported havein were	not made in congretion, consultation or con
Under penalty of perjury I certify that the independent expendi- with, or at the request or suggestion of, any candidate or autho- party committee) any political party committee or its agent.	•	•

Mr. Brian Perry [Electronically Filed] 07 15 2014 Date Signature

MIZED INDEPENDENT EXPEND	ITURES		PAGE 30 OF 40 FOR LINE 24 OF FORM 3
ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
ississippi Conservatives			C C00554774
eck if 24-hour report 48-hour r	eport New r	eport Amends rep	oort filed on M M / D D / Y Y Y Y Y
Full Name of Payee			Date of Public Distribution/Dissemination
Scott Howell & Company			05 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3900 Willow St.			Amount
Suite 200			
City	State	Zip Code	6915.00
Dallas	TX	75226	Transaction ID: SE.4328  Date of Disbursement or Obligation
Purpose of Expenditure		Category/	M M / D D / Y Y Y Y
Radio Ad Buy		Type 004	05 21 2014
Name of Federal Candidate		Support	Office Sought: House District:
Mr. Christopher Brian McDaniel		Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	3	1049193.99	Disbursement For:
Full Name of Payee Scott Howell & Company  Mailing Address 3900 Willow St.			Date of Public Distribution/Dissemination  05  Amount
Suite 200			
City	State	Zip Code	5000.00
Dallas	TX	75226	Transaction ID: SE.4331  Date of Disbursement or Obligation
Purpose of Expenditure Radio Ad Buy		Category/ Type 004	05 / 22 / 2014
Name of Federal Candidate		Support	Office Sought: House District:
Mr. Christopher Brian McDaniel		Oppose	President X Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	,	1054193.99	Disbursement For:
(a) SUBTOTAL of Itemized Independent E  (b) SUBTOTAL of Unitemized Independent  (c) TOTAL Independent Expenditures	nt Expenditures		

Mr. Brian Perry	n Perry [Electronically Filed]	Date	07	15	2014
Signature					

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE			OF		40	
FOR L	INE	24	OF	FOI	RM	ЗХ

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Mississippi Conservatives	C C00554774
Check if 24-hour report 48-hour report New report Amends report filed	on
Full Name of Payee	Date of Public Distribution/Dissemination
Scott Howell & Company	05 22 7 2014
Mailing Address 3900 Willow St.	Amount
Suite 200	
City State Zip Code	15000.00
Dallas TX 75226	Transaction ID : SE.4332 Date of Disbursement or Obligation
Purpose of Expenditure Radio Ad Buy  Category/ Type 004	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Mr. Christopher Brian McDaniel  Oppose	President X Senate State: MS
Calendar Year-To-Date Disbu	ursement For: X Primary General
Per Election for Office Sought 1069193.99 2014	
Full Name of Payee Scott Howell & Company	Date of Public Distribution/Dissemination
Mailing Address 3900 Willow St.	05 27 2014
Suite 200	Amount
City State Zip Code	294883.00
Dallas TX 75226	Transaction ID : SE.4341  Date of Disbursement or Obligation
Purpose of Expenditure TV Ad Buy  Category/ Type 004	05 22 / 2014
Type 004	
Name of Federal Candidate Support Office	e Sought: House District:
Mr. Christopher Brian McDaniel Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought  Disbute 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	309883.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
Date	7 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

### **SCHEDUL** ITEMIZED IN

IIZED INDEPENDENT EXPENDITURES			PAGE 32 OF 40 FOR LINE 24 OF FORM 33
E OF COMMITTEE (In Full) SSISSIPPI Conservatives		FEC ID	ENTIFICATION NUMBER
oloolppi Collool valivoo		C	00554774
k if 24-hour report 48-hour report New report	ort Amends repor	t filed on	D = D / Y = Y = Y
ull Name of Payee Scott Howell & Company		Date of Public	Distribution/Dissemination  27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1ailing Address 3900 Willow St.		Amount	2011
Suite 200			
State Pallas TX	Zip Code 75226	Transaction ID	
urpose of Expenditure Radio Ad Buy	Category/ Type 004	Date of Disbur	sement or Obligation  22  2014
lame of Federal Candidate	Cummont	Office Cought	House Districts
Mr. Christopher Brian McDaniel	Support Oppose	Office Sought:  President	House District:  Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	1486576.30	Disbursement For: 2014 Other (spe	Primary General
Scott Howell & Company  Mailing Address		Date of Public	Distribution/Dissemination
3900 Willow St.		Amount	
Suite 200 City State	Zip Code		-15000.00
Dallas TX	75226	Transaction ID  Date of Disbut	
Purpose of Expenditure Radio Ad Buy	Category/ Type 004	M 05	22 / 2014
lame of Federal Candidate	Support	Office Sought:	House District:
Mr. Christopher Brian McDaniel	∑ Oppose	President >	Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	1471576.30	Disbursement For: 2014 Other (spe	Primary General
SUBTOTAL of Itemized Independent Expenditures		<b>•</b>	15001.74
SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>	4
TOTAL Independent Expenditures		·	

Under penal with, or at th party committee) any political party committee or its agent.

Mr. Brian Perry	[Electronically Filed]	Date	07	15	2014
Signature					

Mr. Brian Perry

Signature

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDIT				AGE 33 OF 40 OR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDEN	ITIFICATION NUMBER ▼
Mississippi Conservatives				0554774
Check if 24-hour report 48-hour report	port New rep	ort Amends repo	ort filed on	D = D / Y = Y = Y = Y
Full Name of Payee			Date of Public D	istribution/Dissemination
Scott Howell & Company			M M /	22 / 2014
Mailing Address 3900 Willow St.			Amount	
Suite 200			Amount	
City	State	Zip Code		-5000.00
Dallas	TX	75226	Transaction ID : S	SE.4839 ement or Obligation
Purpose of Expenditure		Category/	M = M /	D D / Y Y Y Y
Radio Ad Buy		Type 004	05	22 2014
Name of Federal Candidate		Support	Office Sought:	House District:
Mr. Christopher Brian McDaniel		Oppose	President X	Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		1466576.30	Disbursement For: 2014 Other (speci	
Full Name of Payee				Distribution/Dissemination
Scott Howell & Company			M = M /	D D / Y Y Y Y
Mailing Address			05	28 2014
3900 Willow St.			Amount	
Suite 200 City	State	Zip Code		35030.00
Dallas	TX	75226	Transaction ID :	9 9
		10220		ement or Obligation
Purpose of Expenditure Radio Ad Buy		Category/ Type 004	05	27 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:
Mr. Christopher Brian McDaniel		Oppose		Senate State: MS
Calendar Year-To-Date			Disbursement For: >	Primary General
Per Election for Office Sought		1501606.30	2014 Other (spec	ify) ▶
(a) SUBTOTAL of Itemized Independent Ex	penditures		. •	30030.00
(b) SUBTOTAL of Unitemized Independent	Expenditures		• •	4
(c) TOTAL Independent Expenditures			· •	4 1 4 1
Under penalty of perjury I certify that the in				
with, or at the request or suggestion of, any party committee) any political party committee		committee or agent of	or either, or (if the reportion	ng entity is not a political

[Electronically Filed]

07

Date

15

Mr. Brian Perry

Signature

	CHEDULE E (FEC Form 3X)						
I E	EMIZED INDEPENDENT EXPENDITURES					PAGE 34	OF 40 24 OF FORM 3X
V/	ME OF COMMITTEE (In Full)				FEC II	DENTIFICATI	ON NUMBER ▼
Λ	flississippi Conservatives				С	C00554774	
Ch	neck if 24-hour report 48-hour report New report	Am	ends repo		- M /	D = D /	Y I Y I Y I Y
	Full Name of Payee Scott Howell & Company				of Public	c Distribution	/Dissemination
	Mailing Address 3900 Willow St.			Amou			
	Suite 200						1 (1)(1)(1)
		Code 226				<b>D: SE.4350</b> ursement or (	15000.00
	Purpose of Expenditure Radio Ad Buy	ategory/ Type	004		05	28	2014
	Name of Federal Candidate		Support	Office Sough	t:	House	District:
	Mr. Christopher Brian McDaniel	X	Oppose	Preside	ent 🗦	Senate	State: MS
	Calendar Year-To-Date Per Election for Office Sought	16606.30		Disbursemen 2014 O		Primary	/ General
	Full Name of Payee Scott Howell & Company				of Public	c Distribution	/Dissemination 2014
	Mailing Address 3900 Willow St.			Amou	nt		
	Suite 200						
		Code 5226				D: SE.4351 ursement or	35000.00
	Purpose of Expenditure TV Media Ad Buy	ategory/ Type	004		05	/ 28	2014
	Name of Federal Candidate		Support	Office Sough	ıt:	House	District:
	Mr. Christopher Brian McDaniel	X	Oppose	Presid	ent [	X Senate	State: MS
	Calendar Year-To-Date Per Election for Office Sought	551606.30	0	Disbursemer 2014 C		Primary Decify) ►	y General
	(a) SUBTOTAL of Itemized Independent Expenditures			· [	1 7	1 1 7	50000.00
	(b) SUBTOTAL of Unitemized Independent Expenditures			· [		7	
	(c) TOTAL Independent Expenditures			· [		7	
	Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com- party committee) any political party committee or its agent.						

[Electronically Filed]

07

Date

15

Mr. Brian Perry

Signature

SCHEDULE E (FEC Form 3X)	
TEMIZED INDEPENDENT EXPENDITURES	PAGE 35 OF 40 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Mississippi Conservatives	C C00554774
Check if 24-hour report 48-hour report New report Amends re	eport filed on/
Full Name of Payee Scott Howell & Company	Date of Public Distribution/Dissemination
Mailing Address	05 / 30 / 2014
3900 Willow St.	Amount
Suite 200  City State Zip Code	15000.00
Dallas TX 75226	Transaction ID : SE.4389  Date of Disbursement or Obligation
Purpose of Expenditure Media Buy  Category/ Type  OC	M M / D D / Y Y Y
Name of Federal Candidate Support	Office Sought: House District:
Mr. Christopher Brian McDaniel Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 1673008.62	Disbursement For:
Full Name of Payee United States Postal Service	Date of Public Distribution/Dissemination
Mailing Address	05 / 21 / 2014
401 E South St	Amount
City State Zip Code	19226.23
Jackson MS 39201	Transaction ID : SE.4318  Date of Disbursement or Obligation
Purpose of Expenditure Postage for Mail  Category/ Type  00	05 / 20 / 2014
Name of Federal Candidate Support	Office Sought: House District:
Mr. Christopher Brian McDaniel Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought  1021115.70	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	34226.23
(b) SUBTOTAL of Unitemized Independent Expenditures	····· <b>&gt;</b>
(c) TOTAL Independent Expenditures	
(-)	
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or agen party committee) any political party committee or its agent.	

[Electronically Filed]

07

Date

15

Mr. Brian Perry

Signature

	CHEDULE E (FEC Form 3X)		
It	EMIZED INDEPENDENT EXPENDITURES		PAGE 36 OF 40 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Λ	lississippi Conservatives		C C00554774
Ch	eck if 24-hour report 48-hour report New report	port Amends repo	ort filed on
	Full Name of Payee United States Postal Service		Date of Public Distribution/Dissemination  05  05  07  07  07  07  07  07  07  07
	Mailing Address 401 E South St		Amount
	City State Jackson MS	Zip Code 39201	1976.15  Transaction ID : SE.4319  Date of Disbursement or Obligation
	Purpose of Expenditure Postage for Mail	Category/ Type 004	05 / 20 / Y 2014
	Name of Federal Candidate	Support	Office Sought: House District:
	Mr. Christopher Brian McDaniel	Oppose	President Senate State: MS
	Calendar Year-To-Date Per Election for Office Sought	1023091.85	Disbursement For:
	Full Name of Payee Winning Edge  Mailing Address BO Bay 200		Date of Public Distribution/Dissemination    M
	PO Box 269		Amount
	City State Alexandria AL	Zip Code 36250	19187.14 Transaction ID : SE.4322
	Purpose of Expenditure Mail Production	Category/ Type 004	Date of Disbursement or Obligation  05 20 2014
	Name of Federal Candidate	Support	Office Sought: House District:
	Mr. Christopher Brian McDaniel	X Oppose	President Senate State: MS
	Calendar Year-To-Date Per Election for Office Sought	1042278.99	Disbursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures		. ▶ 21163.29
	(b) SUBTOTAL of Unitemized Independent Expenditures		•
	(c) TOTAL Independent Expenditures		<b>•</b>
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		

[Electronically Filed]

07

Date

15

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	37	OF	40
FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Mississippi Conservatives	C C00554774
Check if 24-hour report 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Winning Edge	05 22 / Y Y Y Y Y
Mailing Address PO Box 269	Amount
City State Zip Code	64703.26
Alexandria AL 36250	Transaction ID : SE.4336  Date of Disbursement or Obligation
Purpose of Expenditure Mail Printing, Production and Postage  Category/ Type  004	05 22 2014
Name of Federal Candidate Support Office	e Sought: House District:
Mr. Christopher Brian McDaniel Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For:
Full Name of Payee	
Winning Edge	Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination
Mailing Address PO Box 269	Amount
City State Zip Code	27794.31
Alexandria AL 36250	Transaction ID : SE.4337  Date of Disbursement or Obligation
Purpose of Expenditure Mail Printing, Production and Postage  Category/ Type  004	05 / 22 / 2014
Name of Federal Candidate Support Offic	e Sought: House District:
Mr. Christopher Brian McDaniel Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: X Primary General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	92497.57
(b) SUBTOTAL of Unitemized Independent Expenditures	4 4 4
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Mr. Brian Perry  [Electronically Filed] Date	7 15 2014
Signature	

Mr. Brian Perry

Signature

	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES			D. 05 20	
•	EMIZED INDEPENDENT EXPENDITORES			PAGE 38 FOR LINE 2	OF 40 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
Ν	Mississippi Conservatives		С	C00554774	
Cl	heck if 24-hour report 48-hour report New report Amends re	eport filed	on	/ D D /	Y Y Y Y Y
	Full Name of Payee Winning Edge		Date of Pub	lic Distribution/	/Dissemination
	Mailing Address PO Box 269		05	28	2014
			Amount		
	City State Zip Code Alexandria AL 36250	1	Transaction I		68466.55
	Purpose of Expenditure Mail Printing, Production and Postage  Category/ Type  OC	04	Date of Dist	oursement or C	Obligation 2014
	Name of Federal Candidate Support	Office	Sought:	House	District:
	Thad Cochran Oppose		President	X Senate	State: MS
	Calendar Year-To-Date Per Election for Office Sought  1620072.85	Disbur 2014	rsement For:	Primary	General
	Full Name of Payee Winning Edge  Mailing Address PO Box 269		Date of Pub 05	/ Distribution,	/Dissemination
	City State Zip Code				2074.00
	Alexandria AL 36250	-	Transaction Date of Disk	ID: SE.4356 oursement or 0	Obligation
	Purpose of Expenditure Pushcard Production and Distribution  Category/ Type  00	)4	05	28	2014
	Name of Federal Candidate Support	Office	Sought:	House	District:
	Thad Cochran Oppose		President	X Senate	State: MS
	Calendar Year-To-Date Per Election for Office Sought	Disbur 2014	rsement For: Other (s	Primary      Specify)	/ General
	(a) SUBTOTAL of Itemized Independent Expenditures			- 1 - 2-	70540.55
	(b) SUBTOTAL of Unitemized Independent Expenditures	····· <b>&gt;</b>			4
	(c) TOTAL Independent Expenditures	······ <b>&gt;</b>		7	
	Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or agen party committee) any political party committee or its agent.				

[Electronically Filed]

07

Date

15

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITUI	RES				PAGE 39 FOR LINE 24	OF 40 4 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC ID	ENTIFICATIO	N NUMBER ▼
Mississippi Conservatives				C	C00554774	
Check if 24-hour report 48-hour report	t New repo	ort Amends repo	ort filed on	M = M /	D = D /	Y = Y = Y
Full Name of Payee			Da	ate of Public	Distribution/[	Dissemination
Winning Edge				M M /	28	2014
Mailing Address PO Box 269			An	mount		
City	State	Zip Code	— Г			926.00
Alexandria	AL	36250		nsaction ID	: SE.4357 rsement or O	
Purpose of Expenditure Pushcard Production and Distribution		Category/ Type 004		M M / O5	28	2014
Name of Federal Candidate		Support	Office So	ought:	House [	District:
Thad Cochran		Oppose		_	Senate	State: MS
Calendar Year-To-Date Per Election for Office Sought		1623072.85	Disburser 2014		Primary	General
Full Name of Payee Winning Edge			Da			Dissemination 2014
Mailing Address PO Box 269			Ar	mount		
City	State	Zip Code	— г			12883.23
Alexandria	AL	36250	I	insaction ID ate of Disbu	: SE.4362 irsement or O	
Purpose of Expenditure Mail, Production and Postage		Category/ Type 004		M M /	30	2014
Name of Federal Candidate		Support	Office So	ought:	House I	District:
Mr. Christopher Brian McDaniel		X Oppose	Pre	esident >	<b>S</b> enate	State: MS
Calendar Year-To-Date Per Election for Office Sought		1635956.08	Disburser 2014	ment For:	Primary	General
(a) SUBTOTAL of Itemized Independent Exper	nditures					13809.23
(a) 3351317E 3. Ramizou35953511 =	Tulturoo				-7-	10000.20
(b) SUBTOTAL of Unitemized Independent Exp	penditures		·· •			
(c) TOTAL Independent Expenditures			· • [		1 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Mr. Brian Perry	[Electron	ically Filed]	M M M	/ 15	2014	
Signature		Date	, 07	13	2012	

Signature

	HEDULE E (FEC Form 3X)  IIZED INDEPENDENT EXPENDITURES		PAGE 40 OF 40 FOR LINE 24 OF FORM 3X
	E OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Mis	ssissippi Conservatives		C C00554774
Chec	k if 24-hour report 48-hour report New rep	ort Amends repo	ort filed on
	ull Name of Payee		Date of Public Distribution/Dissemination
	Winning Edge		05 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address PO Box 269		Amount
	Dity State	Zip Code	8084.54
A	elexandria AL	36250	Transaction ID : SE.4363
	Purpose of Expenditure	Category/	Date of Disbursement or Obligation
	Mail, Production and Postage	Type 004	05 30 2014
Ν	lame of Federal Candidate	Support	Office Sought: House District:
N	Mr. Christopher Brian McDaniel	Oppose	President X Senate State: MS
	Calendar Year-To-Date Per Election for Office Sought	1644040.62	Disbursement For:
F	Full Name of Payee		Date of Public Distribution/Dissemination
			M = M / D = D / Y = Y = Y
N	Mailing Address		Amount
	Dity State	Zip Code	
			Date of Disbursement or Obligation
F	Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y
1	lame of Federal Candidate	Support	Office Sought: House District:
		Oppose	President Senate State:
	Calendar Year-To-Date		Disbursement For: Primary General
	Per Election for Office Sought		Other (specify)
(a)	SUBTOTAL of Itemized Independent Expenditures		▶ 8084.54
(b	) SUBTOTAL of Unitemized Independent Expenditures		· •
(c)	TOTAL Independent Expenditures		1036757.15
wit	nder penalty of perjury I certify that the independent expenditures th, or at the request or suggestion of, any candidate or authorized rty committee) any political party committee or its agent.		
	Mr. Brian Perry		M M / D D / Y Y Y

[Electronically Filed]

Date

2014